MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

62-004877
STATE FILE NUMBER

AMENDED

FILED JAN 29 1962

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 252

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | ITEM NO. | INSTEAD OF | SHOULD READ

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Flordell Hills
Length of stay in 1b: 22 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7133 Seymour
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Flordell Hills
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 7133 Seymour
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LOUISE (LIZZIE) Middle Last GOSS

4. DATE OF DEATH: Month January Day 16 Year 1962

5. SEX: female

6. COLOR OR RACE: white

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 2/15/1881

9. AGE (last birthday): 80 years
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (City and state or country): Okawville, Illinois

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: William Schlake

13b. MOTHER'S MAIDEN NAME: Not Known

14. NAME OF HUSBAND OR WIFE: Joseph Goss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Alma McCarthy - 7133 Seymour

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Chronic Myocarditis with failure — INTERVAL BETWEEN ONSET AND DEATH: 30 Days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Seneac arteriosclerosis

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-28-61, to 1-17-62 and last saw her/him alive on Dec 18-1961

Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Everett Dawson M D

22b. ADDRESS: 607 N Grand Blvd

22c. DATE SIGNED: 2-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: Jan 19, 1962

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR ADDRESS: BUCHHOLZ MORTUARY-5967 W. Florissant Ave

25. DATE RECD. BY LOCAL REG.: 1-19-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilfred D Buckhorn

Licensed Embalmer No. 4551

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.